

Clarkson House Residential Care Home Ltd

The Vicarage Residential Care Home

Inspection report

109 Audenshaw Road
Audenshaw
Manchester
Greater Manchester
M34 5NL

Tel: 01613014766

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Vicarage Residential Care Home is a residential care home providing accommodation and personal care to up to a maximum of 30 people in 1 adapted building. At the time of our inspection there were 19 people using the service.

People's experience of using this service and what we found

There was a lack of activities and social stimulation on offer and activities were not based on individual preferences.

Accidents and incidents were recorded but there was limited evidence of lessons learnt following on from an incident meaning the risk of this occurring was not always mitigated. Individual risk assessments were in place and care plans were detailed and person centred. However, people were not always involved in the care planning process.

People were safeguarded from the risk of abuse and people at the service felt safe. There was sufficient staff deployed to meet people's needs and recruitment processes were robust. Medicines were stored and administered safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were systems in place for managing complaints but not everyone that used the service was aware of what the procedure was. People's end of life wishes were recorded and identified.

Governance systems were in place, and we saw evidence of audits taking place. People and their relatives spoke highly of the registered manager and the staff team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 October 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

The inspection was carried out to follow up on actions we told the provider to take at the last inspection.

Enforcement and Recommendations

We have identified a breach in relation to a lack of person-centred care activities. The provider had failed to ensure care was designed to meet people's needs, taking their preferences into account. We have also made a recommendation in relation to lessons learnt.

Please see the action we told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

The Vicarage Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Vicarage Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Vicarage Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 7 relatives about their experience of the care provided. We spoke with 9 staff including the registered manager, deputy manager, the cook, domestic and care workers. We also spent time in communal areas observing how staff supported people.

We reviewed a range of records. These included care records, records relating to medicines, staff recruitment, training, and supervision, building maintenance, cleaning and equipment checks, accidents and incidents and safeguarding logs. We also looked at a variety of records relating to the management of the service, including audits and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were recorded, and we saw evidence of analysis and auditing following on from an incident. However, systems could be improved to ensure lessons are learnt following on from an incident to prevent future risks.

We made a recommendation that the registered manager reviews previous incidents and ensures steps are in place to mitigate future risks.

- Individual risks were managed safely, and staff were aware of people's specific care needs.
- Parts of the décor were tired and in need of refreshing. However, we did not find anything to be unsafe and did not feel anyone was at risk of harm. The service has an on-going improvement plan in place.
- Equipment was maintained, and the required health and safety checks had been completed.
- Emergency evacuation plans were in place which included the level of support each person needed in the event of a fire. All staff we spoke to had knowledge of what to do in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff were aware of their safeguarding responsibilities. They knew how to raise concerns and were confident that if they raised concerns they would be dealt with promptly by the registered manager. One said, "If I suspected abuse, I would report it to the manager. I know the manager will follow it up."
- People told us they felt safe living at the home. One person said, "It's nice here and I feel safe. I would speak to any of the staff if I wasn't happy."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS

authorisations were being met.

Staffing and recruitment

- There were safe systems of staff recruitment in place. All required checks had been undertaken prior to people commencing employment. This included Disclosure and Barring Service (DBS) checks which provided information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- During the inspection we witnessed positive interactions between staff and people who use the service and staff were available to meet people's needs.
- Staff told us there were enough staff deployed to safely care for people. One said, "We have enough staff to care for people. We are never short staffed."
- People who used the service told us, "The staff are good, and most are familiar faces."

Using medicines safely

- Medicines were stored and administered safely and there were systems and processes in place of disposing medicines securely.
- We reviewed medication administration records (MARS) and saw that they were detailed, and person centred to guide staff on how to safely administer medicines to people.
- Protocols were available to guide staff when to administer 'as required' medicines and contained detailed information.
- Staff were trained to administer medicines and had their competency checked regularly to ensure they were safe to do so.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to receive visits from their loved ones in line with current guidance. During our inspection we saw visitors coming and going.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had not ensured care was designed to meet service users' needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- There was an activity planner in place, but we saw little evidence that this plan was being followed.
- People spoke highly of an outside visitor who came into the service twice weekly to perform activities. However, there appeared to be a lack of other stimulation in between these times. One relative told us, "The one thing that is not good is the activities or rather the lack of activities."
- People expressed that their preferences were not always being met. One person described the TV as being "on a loop" with the same programmes repeating. Several people spoke about the garden area and expressed their desire to use this space. One relative said of their loved one, "They would like to do gardening, but they don't seem to do anything like that."
- There was no evidence of community-based activities on offer. However, we did witness planning for an upcoming event and families were invited to attend special religious occasions at the service such as joining their loved ones for a Christmas meal.

The provider had failed to ensure the care was designed to meet people's needs, taking their preferences into account. This was a continued breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. A designated activity co Ordinator has now been hired and the activity planner will be adapted to reflect people's preferences.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were detailed, person centred and held information to help guide staff on how to care for people. They included life history sections and people's preferences. However, people and their relatives were not always involved in the care planning process.
- One relative said, "I've never seen a care plan and I have not been involved in one." The registered manager has acted on this and will ensure people and their relatives are involved in the care planning

process.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was following the Accessible Information Standard.
- People's communication needs were identified during the initial assessment.
- Care records included information about people's individual communication styles and preferences. Information was available in different formats should this be required.

Improving care quality in response to complaints or concerns

- There was a system in place for managing and responding to complaints.
- Whilst a number of people told us they knew how to make a complaint should they need to, others said they were not aware of the procedure. One relative said, "There has been no complaints procedure handed to us but then again there has been nothing to complain about." The registered manager will ensure all people and their relatives have access to the home's complaints procedure.

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished. Records were respectful and caring. They also identified religious or cultural wishes the person had.
- Advanced decisions about resuscitation were documented.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Due to the history of noncompliance, to improve the rating to 'good' would require the embedding of audit systems and a longer-term track record of sustained improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance processes were in place, and we saw evidence of audits being undertaken. However, there was limited evidence of lessons learnt following on from audits meaning risk was not always mitigated or learnt from.
- As mentioned in the responsive key question, activities were not always person centred and enough work had not been done to ensure people were receiving the social stimulation required to enhance their quality of life. A period of sustained improvement would be needed before this domain could be rated as good.
- Daily manager audits were in place, and we saw evidence of sharing concerns during staff meetings.
- The provider had a range of policies and procedures to guide staff on what was expected of them in their roles.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We found evidence that learning was shared through handover documents and the registered manager was aware of their responsibilities in notifying CQC of significant incidents. However, we did find one safeguarding concern that we had not been notified about. This was rectified during the inspection process.
- The registered manager had engaged and been honest and co-operative throughout the inspection process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

- The home worked with the local authority who commissioned the service and healthcare professionals to achieve good outcomes for people.
- We saw evidence of people and their relative's taking part in satisfaction surveys to express their views on the service they receive.
- We saw evidence of staff meetings. However, there was limited evidence of relative and resident meetings taking place. The registered manager advised that a meeting will be arranged.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager, staff and senior managers were committed to providing responsive person-centred care. Throughout our inspection, we observed staff and senior management were very pleasant and accommodating. There was a very warm relaxed atmosphere throughout the home.
- Staff and people told us the registered manager was approachable and there was a positive staff culture. One staff member said, "If I had any concerns, I would approach the manager. [The manager] is lovely."
- People also spoke highly of the registered manager and the senior management team. One person said, "both [the manager] and the staff are approachable."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure the care was designed to meet people's needs, taking their preferences into account. Regulation 9 (1)